Fill in this in	formation to identify your case:					irected in	this form and in	Form
Debtor 1	Janna Colangelo			2A-1Sı	ibb:			
Debtor 2 (Spouse, if filing	g)			■ 1. T	here is no pres	umption o	of abuse	
United State	es Bankruptcy Court for the: Southern District	of New York		á		nade und	ine if a presumpt er <i>Chapter 7 Med</i>	
Case numb	er			□ 3. T	he Means Test	does not	apply now becar but it could apply	
				_	eck if this is a			idioi.
Official	Form 122A - 1				CON II UIIO IO U	ii aiiiciid	aca ming	
	er 7 Statement of Your Cu	rrant Mai	nthly Inc	om	^			40/4/
Спари	er / Statement or Your Cu	rrent wo	itiliy ilic	OIII				12/19
attach a sepa case number	ete and accurate as possible. If two married people trate sheet to this form. Include the line number to v (if known). If you believe that you are exempted fro litary service, complete and file Statement of Exemple Calculate Your Current Monthly Income	which the addition om a presumption	nal information a of abuse becau	applies se you	On the top of aid on the top of aid on the top of the t	ny addition	nal pages, write yes	our name and ecause of
1. What	is your marital and filing status? Check one o	nlv.						
	t married. Fill out Column A, lines 2-11.	,.						
	rried and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.				
_	rried and your spouse is NOT filing with you.		·					
_	_iving in the same household and are not leg	•	•	lumno	A and B. lines (0 11		
	· ·	•			•			
	_iving separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evadi	legally separated	d under nonban	kruptc	y law that applie	es or that		
101(10A). the 6 mon	average monthly income that you received from all For example, if you are filing on September 15, the 6-r ths, add the income for all 6 months and divide the tota wn the same rental property, put the income from that	month period would al by 6. Fill in the re	l be March 1 throi sult. Do not includ	ugh Aug de any i	gust 31. If the amount m	ount of you ore than o	r monthly income v nce. For example, i	raried during if both
				Colur		Columi Debtor non-fil		
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).			\$	0.00	\$	0.00		
	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			\$	2,090.00	\$	0.00	
of you from a and ro	nounts from any source which are regularly purely or your dependents, including child support numarried partner, members of your househol ommates. Include regular contributions from a substant of the payments you listed on line 3.	 Include regular your depende 	r contributions nts, parents,	\$	0.00	\$	0.00	
	come from operating a business, profession,	, or farm						
			otor 1					
Gross	receipts (before all deductions)	\$ 0.00						
	ary and necessary operating expenses	-\$0.00		•	0.00	•	0.00	
	onthly income from a business, profession, or fa	rm \$0.00	Copy here ->	\$	0.00	\$	0.00	
6. Net in	come from rental and other real property	Doh	otor 1					
C	receipte (hefere all deductions)	\$ 0.00	, (OI I					
	receipts (before all deductions) ary and necessary operating expenses	-\$ 0.00						
	onthly income from rental or other real property	· —	Copy here ->	\$	0.00	\$	0.00	
	st, dividends, and royalties	Ψ	• •	\$	0.00	\$	0.00	
	,, : • ; • : • •							

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Case number (if known)

				Column A Debtor 1		Column E Debtor 2 non-filing	or	
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a benefi	t under					
	For you \$	2,034.0	00					
	For your spouse \$	0.0	00					
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as st not include any compensation, pension, pay, annuity, o United States Government in connection with a disabilit disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that process does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapt	ated in the next senter allowance paid by the y, combat-related injures. If you received any pay only to the extent the would otherwise be el	nce, do e y or retired nat it	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Specific Do not include any benefits received under the Social Streceived as a victim of a war crime, a crime against hur domestic terrorism; or compensation pension, pay, and United States Government in connection with a disability disability, or death of a member of the uniformed service sources on a separate page and put the total below	ecurity Act; payments nanity, or international nuity, or allowance paic y, combat-related injur	or I by the y or					
	·			\$	0.00	\$	0.00	
			_	\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to	al for Column B.	\$	2,090.00	+ \$	0.00	= \$ 2,09 Total current income	monthly
ı aıı	2. Determine whether the means rest Applies to	5 10u						
12.	Calculate your current monthly income for the year.	Follow these steps:						
	12a. Copy your total current monthly income from line 1	1		Сору	/ line 11 l	nere=>	\$\$	00.00
	Multiply by 12 (the number of months in a year)			x 12				
12b. The result is your annual income for this part of the form						80.00		
13.	Calculate the median family income that applies to	ou. Follow these step	s:					
	Fill in the state in which you live.	NY						
	Fill in the number of people in your household.	2						
Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 13. \$								
14.	How do the lines compare?							
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> .								
	Go to Part 3. Do NOT fill out or file Official Form 122A-2.							
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A–2.								
Part	Part 3: Sign Below							
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.								
	X /s/ Janna Colangelo							
	Janna Colangelo							

Janna Colangelo

Debtor 1

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Debtor 1	Janna Colangelo	Case number (if known)	
Da	May 9, 2023 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		